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American Health Safely Weathers the War

THE HEALTH of the American people, as reflected by the mortality record, has safely weathered the hardships and dislocations of the war period. This fact is amply proved by the experience of the many millions of Industrial policyholders of the Metropolitan Life Insurance Company, who live in all parts of the United States and Canada. For the first nine months of the current year, the mortality rate among these insured, exclusive of deaths from enemy action, but including disease and accident in the armed forces, was 7.5 per 1,000, or lower than the comparable rate in any previous year except 1942, the all-time record health year.

With war deaths added, the mortality picture, of course, takes on a more somber hue. In the 45 months of war from December 1941 to August 1945, the average death rate from all causes in this experience, including deaths from enemy action, was 5½ percent higher than the average for the 45 months preceding our participation in the conflict. But this figure does not begin to give an adequate picture of the toll of life exacted by the war. A much better index is given by the figures in the table on page 2, which show the sharp increases in mortality among men in the military ages. The effect of battle deaths was most pronounced in the age group 20 to 24, where the total death rate among white male policyholders jumped up 718 percent from the level of the prewar years 1939–1941 to the figure for the first nine months of 1945. In the same interval, the mortality in the ages 15 to 19 rose 278 percent, and in the age group 25 to 34 years 223 percent.

Apart from the exceptional conditions in the military ages, however, substantial progress has been made in reducing the mortality among males. Even greater gains were registered for white females, among whom declines in mortality are seen throughout life, and in some age groups the decreases have been very substantial. For example, at ages 10 to 14, the death rate dropped almost one fourth in the brief period between 1939–1941 and the current year; at 15 to 24 the decrease was close to one third.

The recent trends for individual causes of death in both sexes are

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shown in the table on page 11. It is evident from an inspection of the table that the improvement in mortality in 1945, as compared with 1944, resulted largely from a decline in the death rate from the cardiovascular-renal diseases, tuberculosis, influenza, and pneumonia. Although the decline in the cardiovascular-renal diseases is not large—2.1 percent—the general effect is appreciable inasmuch as they account for half the deaths from disease.

For tuberculosis, the record this year is particularly satisfactory. A temporary rise in the tuberculosis mortality in the early months of last year prevented the year as a whole from showing any appreciable improvement over 1943. The decline

DEATH RATES PER 100,000 FROM ALL CAUSES, INCLUDING WAR DEATHS. WHITE PERSONS, BY SEX AND AGE PERIODS, 1939 TO 1945. METROPOLITAN LIFE INSURANCE COMPANY, WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS

AGE PERIOD YEARS	DEATH RATE PER 100,000					PERCENT CHANGE 1945* SINCE 1939–1941
	1945*	1944	1943	1942	Average 1939–1941	
WHITE MALES						
Under 75	1,035.7	928.8	786.3	710.8	712.8	+ 45.3
Under 5	414.0	452.4	486.2	420.2	423.4	— 2.2
5 to 9	93.4	105.9	104.9	88.2	104.6	— 10.7
10 to 14	78.6	92.3	90.0	86.4	95.1	— 17.4
15 to 19	573.4	392.6	192.4	166.8	151.7	+278.0
20 to 24	1,665.0	1,245.6	499.2	268.5	203.6	+717.8
25 to 34	914.6	681.3	365.5	272.4	283.2	+223.0
35 to 44	621.4	580.4	597.2	606.7	599.3	+ 3.7
45 to 54	1,252.7	1,269.5	1,340.0	1,355.0	1,342.9	— 6.7
55 to 64	2,701.5	2,745.4	2,823.5	2,789.4	2,884.8	— 6.4
65 to 74	5,710.4	5,826.9	6,083.5	5,606.2	6,336.5	— 9.9
WHITE FEMALES						
Under 75	613.2	631.6	642.4	625.5	648.0	— 5.4
Under 5	332.5	361.6	381.2	331.6	338.5	— 1.8
5 to 9	66.1	67.4	70.1	61.7	79.3	—16.6
10 to 14	51.2	58.3	58.8	58.0	66.4	—22.9
15 to 19	68.1	90.6	86.5	92.4	97.4	—30.1
20 to 24	103.0	123.8	135.4	137.2	149.7	—31.2
25 to 34	171.3	182.6	187.1	193.8	208.7	—17.9
35 to 44	306.1	331.9	362.9	371.9	377.6	—18.9
45 to 54	725.9	723.8	757.6	787.6	811.7	—10.6
55 to 64	1,602.9	1,680.7	1,774.8	1,826.4	1,905.0	—15.9
65 to 74	4,128.3	4,441.8	4,538.4	4,187.2	4,860.9	—15.1

*Based on provisional figures for the first nine months.

in the current year, however, more than compensates for this brief setback, and brings the figure for 1945 — 38.0 per 100,000 — below that which might have been expected if the downward trend in the five years preceding 1944 had continued.

The unusually low incidence of the acute respiratory conditions so far this year has also contributed materially to the favorable record. The rate for influenza and pneumonia combined is only 31.3 per 100,000, which is a new low for this period of the year. A discussion of the control of pneumonia in recent years as the result of modern therapy appears elsewhere in this BULLETIN. It seems pertinent, however, at this point, to recall the explosive influenza-pneumonia pandemic which struck near the close of the first World War, and which continued for some months after the armistice—in other words, in the period comparable in time to recent months with respect to the second World War. It is estimated that the pandemic of 1918–1919 took well over 500,000 lives in the general population of the United States, or more than 10 times the battle deaths suffered during the first World War. What an amazing contrast with the current experience!

In no sphere of activity have the efforts of medicine and public health been more richly rewarded than in the field of the communicable diseases of childhood. Deaths from measles and scarlet fever are now comparatively rare, while whooping cough and diphtheria each register death rates of less than one per 100,000 insured. The mortality from the four diseases as a group is now the lowest on record. Other diseases with minimum rates in 1945 are syphilis, diarrhea and enteritis, appendicitis, and diseases of the puerperal state. Cancer is the only major disease that shows even a moderate rise so far this year.

The proportion of deaths from external causes, including enemy action, to total deaths, has increased in each year of the war. The death rate from all external causes has reached a new high of 172.8 per 100,000 policyholders for the first nine months of 1945. Deaths from enemy action alone, with a rate of 107.5 per 100,000, account for 62 percent of all the deaths from external causes, while deaths from accident, including those among men in the armed forces, account for 32 percent of the total. Suicides and homicides make up the balance. The high year-to-date rate for deaths from enemy action reflects the large losses in the early part of the year and the necessary lag in the forwarding of claims for deaths which occurred in the late months of 1944. The monthly rate for war deaths has been declining rapidly since April.

The lifting of the restrictions on the use of automobiles is beginning to make itself felt in the mortality record. In September, the rate for motor vehicle fatalities, 18.1 per 100,000, was more than 50 percent higher than that in August, and above the rate for any month since March 1942.

Guarding Against Home Accidents

EACH year the lives of many thousands of men and women in our country are needlessly sacrificed in home accidents because ordinary, common-sense safety precautions are not observed. This tragic fact stands out in bold relief from an analysis of last year's death records of Metropolitan Industrial policyholders, ages 15 to 69 years, who constitute a large and representative sample of the country's adult urban population. The results of the study are summarized in the table on page 5, which gives details with respect to the activity of the victim at the time of the injury as well as the principal means or agencies involved.

It is a curious fact that a considerable majority of those who suffered fatal injuries in and about the home were not engaged, at the time the injury was sustained, in tasks necessary for the maintenance and operation of the household. This was the case in about two thirds of the fatalities among women and in four fifths of the fatalities among men. In many of these instances the person was merely walking from one room to another, or up or down stairs, relaxing on a chair or couch, or sleeping.

A surprisingly large proportion of the total number of fatal injuries in this experience occurred between 10 p.m. and 6 a.m., when activity is at a minimum in most homes. Injuries suffered during these hours accounted for about two fifths of all the deaths from home accidents among men and for one fourth of the deaths among women. Conflagration and asphyxiation by gas contributed materially to this nighttime toll. Analysis of the death records reveals that conflagrations were often caused by defective or improperly used oil or coal stoves. Gas poisoning arose from a variety of circumstances: the inadvertent turning on of gas jets, leaking gas fixtures and appliances, and the use of gas heaters in poorly ventilated rooms.

But much more important numerically than either conflagration or gas poisoning as a cause of fatal home accidents at night, are falls. In fact, falls accounted for around 40 percent of the fatal injuries suffered at night among both men and women. The large number of persons reported as falling on the floor or stairs while on the way to the bathroom at night indicates the need for night lights or lights easily reached from the bed, especially in homes where there are aged or sick persons. A considerable number of deaths also were caused by falls on entrance steps or hallway stairs by members of the household returning home late at night. As the table shows, in this experience as a whole, including both night and day, falls are by far the outstanding cause of accidental death in and about the home. Contributing to this large toll are fatal falls on steps, many of which are too steep or too

narrow, have insufficient headroom, or are without handrails or adequate illumination.

That the smoking of cigarettes or pipes can be dangerous is evidenced by the considerable toll of life taken each year by accidents from this cause. One third of all the deaths from burns and conflagrations in the home among men were the result of careless smoking; even among women the proportion was as high as one sixth. In many instances the victim dozed off in bed or in an upholstered chair with a lighted cigarette in the hand or mouth.

Another fairly common but dangerous practice is dozing off while liquids are being heated on gas stoves. Last year, 11 people in this insurance experience—10 men and one woman—died from gas poisoning because, while they were taking a nap, the liquid on the gas stove boiled

NUMBER OF DEATHS FROM ACCIDENTS IN AND ABOUT THE HOME ACCORDING TO ACTIVITY OF PERSON AND AGENCY INVOLVED. BY SEX, AGES 15 TO 69 YEARS. METROPOLITAN LIFE INSURANCE COMPANY.* INDUSTRIAL DEPARTMENT. 1944

ACTIVITY AND AGENCY INVOLVED	MALES	FEMALES
Home Accidents—(Total)	341	388
Burns—except conflagration (Total)	33	64
Smoking in bed or upholstered chair	13	9
Smoking—elsewhere	4	3
Cooking, baking, etc.	2	9
Kindling fire with gasoline	4	3
Tending coal stove or furnace	2	6
Oil stove explosion	5	4
Using inflammable liquid	—	4
Warming self or walking near open fire	—	10
Tending bonfire	—	3
Other and not specified	3	13
Conflagration (Total)	38	50
Smoking in bed	8	6
Oil stove explosion	6	10
Overheated or defective coal heater	3	6
Kindling fire with gasoline	2	2
Other specified and unknown origin	19	26
Gas Poisoning (Total)	40	36
Dozing off while heating liquids on gas stove	10	1
Lighted gas heater in room	5	5
Gas from space heater seeped into room	3	7
Gas from cooking range, water heater, or refrigerator seeped into room	8	5
Illuminating or coal gas escaped from appliance in room	7	15
Running automobile in closed garage	3	—
Walking into fumigated house	2	—
Other and not specified	2	3
Firearms (Total)	25	5
Playing with gun	10	1
Cleaning or examining gun	6	1
Showing gun to companions	4	—
Scuffling for gun	1	1
Other	4	2
Acute Poisonings (Total)	12	10
Wood alcohol solutions	5	1
Overdoses of sleeping drugs	4	5
Poisons mistaken for medicines, alcohol, food, etc.	3	4
Swallowing bones, aspiration of food, etc.	1	7
Electric Currents (Total)	3	3
Touching exposed wire on washing machine	—	2
Replacing fuse, disconnecting extension cord, setting up aerial	3	—
Not specified	—	1
Falls (Total)	168	190
Walking on floors or stairs	101	148
At Night		
To or from bathroom	12	19
All other	27	12
Not at Night		
To or from bathroom	7	6
Cellar stairs	9	23
Hallway and other inside stairs	15	17
Outside entrance stairs	8	10
Floor	11	45
Time not specified	12	16
Getting in or out of bed	4	4
Sitting down or getting up from chair	3	7
Working on ladder	17	4
Working or walking on roof	8	1
Washing windows, resting on sill, leaning out of windows, etc.	16	7
Other falls	19	19
All other Home Accidents	21	23

*Excluding Pacific Coast and Canada.

over and extinguished the flame.

Striking examples of preventable deaths are those due to firearms. Playing with, lifting, cleaning or scuffling for guns are the causes of accidents of this kind. Even eating has its hazards. In this experience, eight persons died last year from accidentally swallowing bones or fruit pits, with resulting choking or damage to the alimentary canal.

Altogether, the American people each year pay a high price in lives for home accidents which are preventable. It is encouraging to note that our leading national health and safety organizations are planning a combined attack on this problem.

Reconversion for Better Health

IN READJUSTING itself to the ways of peace, the Nation has a rich opportunity to raise the state of its health to unprecedentedly high levels. Already plans are under way in many areas of the country for the expansion of health facilities and services, and for broadening and intensifying medical research. Even during the war period extensive benefits were being derived from the use of the sulfa drugs, penicillin, blood plasma, blood albumen, and other recent discoveries. The more widespread application of these effective medical weapons and of developments in the science of nutrition will undoubtedly reduce still further the toll of preventable death. The table on page 7, which shows the major causes of death at the various age periods, indicates where concentration of effort is most promising of results. The data relate to the year 1942, being the most recent available for the general population of the United States, but the picture as a whole has probably not changed essentially since then.

It is obvious from the table that the safety movement has a large role to play in the life conservation program of the immediate future. Accidents overshadow by a wide margin every other cause of death throughout the greater part of life among white males. In the broad age range 1 to 44 years, accidents constitute almost one third of the deaths from all causes among these men; in the decade of life from 15 to 24 years, the proportion is as much as one half. Even among girls and young women the loss of life from accidents is large. They account for one fifth of all the deaths among white girls at ages 1 to 4, and for fully one fourth at 5 to 9 years. It is clearly urgent that in the extensive building and reconversion program now getting under way, safety receive prime consideration.

In the years to come, medical and public health administrators will undoubtedly give increasing attention to the diseases and conditions typical of later life, particularly cancer and the diseases of the heart and arteries. From the viewpoint of life conservation, it is important to note that even at the relatively young ages these causes

PERCENT DISTRIBUTION OF DEATHS IN EACH AGE PERIOD, BY

PERCENT DISTRIBUTION OF DEATHS IN EACH AGE PERIOD, BY SPECIFIED CAUSES
WHITE MALES AND WHITE FEMALES. UNITED STATES, 1942

AGE, SEX	ALL CAUSES	COMMUNICABLE DISEASES OF CHILDHOOD	TUBERCULOSIS	CANCER	CEREBRAL HEMORRHAGE	CORONARY ARTERY DISEASES AND ANGINA PECTORIS	CHRONIC HEART DISEASES†	CHRONIC NEPHRITIS	PNEUMONIA AND INFLUENZA	DIABETES MELLITUS	DISEASES OF DIGESTIVE SYSTEM	PUERPERAL STATE	ACCIDENTS	ALL OTHER CAUSES OF DEATH
White Males														
All Ages	100.0	0.3	3.8	10.7	7.6	11.2	19.5	6.2	5.1	1.7	5.3	—	8.9	19.7
Under 1	100.0	1.6	0.4	0.1	0.2	*	0.1	*	12.8	*	7.5	—	2.4	74.9
1– 4	100.0	8.1	3.6	2.1	0.9	0.1	0.9	0.5	18.1	0.3	14.3	—	22.7	28.4
5– 9	100.0	5.6	2.6	3.1	0.9	0.1	3.0	1.0	7.0	0.7	10.3	—	37.2	28.5
10–14	100.0	1.8	2.8	3.0	0.7	0.2	5.5	1.5	5.0	1.1	9.4	—	44.3	24.7
15–19	100.0	0.5	6.4	3.2	0.9	0.3	5.7	1.9	4.5	1.1	6.6	—	48.0	20.9
20–24	100.0	0.3	9.4	2.9	0.9	0.5	4.3	2.0	3.6	0.7	4.8	—	50.5	20.1
25–34	100.0	0.2	13.5	4.8	1.6	2.6	6.7	2.7	4.3	1.0	6.3	—	32.8	23.5
35–44	100.0	0.1	11.4	7.7	3.1	10.5	10.2	3.9	5.0	1.0	8.3	—	17.4	21.4
45–54	100.0	*	7.4	12.0	5.2	16.8	16.0	5.0	4.2	1.5	7.6	—	9.5	14.8
55–64	100.0	*	4.0	14.5	7.8	17.1	20.8	6.1	3.7	2.2	5.8	—	5.8	12.2
65–74	100.0	*	1.9	14.5	10.9	13.9	25.3	7.7	3.6	2.7	3.9	—	3.9	11.7
75 and Over	100.0	*	0.7	10.4	11.8	8.8	29.6	10.0	4.9	1.7	2.6	—	4.0	15.5
White Females														
All Ages	100.0	0.4	2.9	15.1	10.2	6.1	21.5	7.0	5.0	3.7	4.8	1.1	4.7	17.5
Under 1	100.0	2.1	0.4	0.1	0.2	*	0.1	*	13.7	*	7.8	—	2.4	73.2
1– 4	100.0	9.9	4.6	2.1	0.7	*	1.0	0.4	19.4	0.5	13.0	—	20.1	28.3
5– 9	100.0	7.7	3.2	3.9	0.9	0.1	4.7	1.5	8.4	1.3	11.8	—	25.4	31.1
10–14	100.0	2.6	6.0	4.3	1.0	0.1	9.4	3.0	7.8	2.9	11.3	0.2	18.9	32.5
15–19	100.0	0.6	16.0	3.6	1.0	0.4	7.8	3.4	5.1	2.8	7.1	8.5	18.3	25.4
20–24	100.0	0.4	22.9	3.7	1.2	0.6	7.3	3.1	4.2	1.7	6.0	15.4	11.5	22.0
25–34	100.0	0.2	18.5	10.0	1.9	1.2	8.5	3.7	4.3	1.3	6.5	13.0	7.6	23.3
35–44	100.0	0.1	8.9	22.9	4.9	3.1	11.1	5.6	4.0	1.4	7.7	4.9	4.5	20.9
45–54	100.0	0.1	3.8	28.1	9.0	5.7	15.7	6.5	3.1	3.8	6.7	0.1	3.0	14.4
55–64	100.0	*	2.1	24.3	11.1	8.3	19.9	7.0	3.0	6.4	5.3	*	2.4	10.2
65–74	100.0	*	1.3	17.0	13.2	9.0	26.2	8.4	3.6	6.1	3.6	—	3.1	8.5
75 and Over	100.0	*	0.5	9.8	13.7	6.4	31.8	9.3	5.1	2.6	2.5	—	5.7	12.6

*Less than .05 percent.

†International List (1940) titles 92, 93(c), (d), (e), and 95.

take a large toll of life. Cancer, for example, accounts for one death in every ten among white women at ages 25 to 34; in the broad age range 35 to 64 years, the disease is the leading cause of death, accounting for one death in every four. Among men, the cardio-vascular-renal diseases begin to dominate the mortality picture from age 35 on. In order to extend the frontiers of knowledge regarding the prevention and treatment of the degenerative diseases, intensified programs of research have recently been launched. One instance, is the founding in New York City of the Sloane-Kettering Institute for Cancer Research. Another recent and significant example is the fund established by the Life insurance companies to support research on diseases of the heart and allied conditions.

It may be some time before investigations in these uncharted fields yield fruitful results. Meanwhile, the incidence of disease, disability, and premature death can be greatly reduced if the large body of knowledge already existing in many other fields is fully utilized. There is great need for closing the gap between developments in medical and public health science, and their application for the benefit of man.

The reward we are seeking in these efforts to promote health is not just a longer lifetime. The record already achieved in this direction is gratifying. Within less than half a century we have extended the average length of life by one third, until it is now 65 years. To raise this average further to 70 years is within our means, provided the knowledge available to us is put to widespread use. But, along with these added years of life, the goal should be to extend our years of physical and mental well-being. In this way, we may add greatly to the general welfare and to the joy of life generally.

The Conquest of Pneumonia

THE drastic reduction in the mortality from pneumonia in the past 15 years is one of the phenomenal achievements of modern medicine. In the decade of the 1920's, when specific therapy was still largely in the experimental stage, the age-adjusted death rates from this disease fluctuated widely around an average of about 75 per 100,000 in the experience of the Industrial policyholders of the Metropolitan Life Insurance Company (ages 1 to 74 years). Since 1930, however, the trend of the mortality, as exhibited in the chart on page 9, has been rapidly downward. For the first nine months of the current year the death rate is at the record low figure of 20 per 100,000. In the past eight years alone, mortality from pneumonia in this insurance experience has dropped more than two thirds.

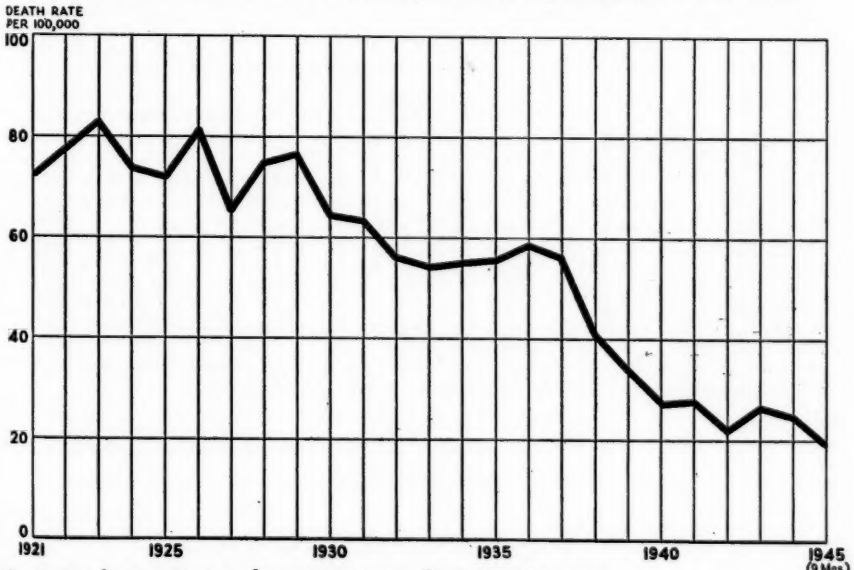
This marked improvement in mortality is the result of modern meth-

ods of treating the disease. Specific serum therapy began to come into general use in the early 1930's. It became fairly widespread toward the end of the decade, as increased quantities of the serum were manufactured and distributed, as the efficacy of the treatment was demonstrated, as increased facilities for pneumococcus typing became available, and as physicians learned the technique of administering the serum. The increasing control gained over pneumonia during the serum treatment era should not be overlooked just because this type of treatment has since been almost altogether displaced by chemotherapy. As the chart shows, the death rate from pneumonia for the greater part of the 1930's was stabilized around an average of 54 per 100,000 policyholders, as compared with an average of 75 in the previous decade. Particularly noteworthy is the sharp drop in mortality from 56.1 per 100,000 in 1937 to 40.8 per 100,000 in 1938, before the sulfa drugs were used to any appreciable extent. After the introduction of the sulfa drugs toward the close of the decade, and after the discovery of penicillin even more recently, chemotherapy has been used very widely with the splendid results already noted, and clearly seen in the graph below.

People in every age group and in both sexes have benefited enormously from the newer methods of treatment. This is evident from the

TREND OF MORTALITY FROM PNEUMONIA, 1921 TO 1945

METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL DEPARTMENT, AGES 1 TO 74 YEARS



Standardized for age on the basis of the Standard Million of England and Wales, 1901

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table below, which shows the percent decline in the mortality between 1935–1937—that is, before the era of chemotherapy—and 1942–1944, the latest years for which details by age and sex are available. In virtually every age group from 5 to 44 years among white males, and from 5 to 64 among white females, the decline in mortality was 60 percent or better. At no age period in either sex was the drop less than 43 percent.

The outlook for the conquest of pneumonia in the near future is promising. At the same time, it should be remembered that the disease is still among the major causes of death and sickness, and that no method of immunization against it has yet been discovered. Moreover, there are the so-called "virus" or "atypical" pneumonias which are not amenable to chemotherapy, and which took a considerable toll of life as recently as the winter of 1943–1944. The attack against pneumonia must be carried on with unremitting vigor. It should be emphasized that the people themselves have a definite role to play by seeking early diagnosis and treatment.

DECLINE IN MORTALITY FROM PNEUMONIA, 1935–1937 TO 1942–1944. WHITE PERSONS BY SEX AND AGE. METROPOLITAN LIFE INSURANCE COMPANY. INDUSTRIAL DEPARTMENT

AGE	AVERAGE OF ANNUAL DEATH RATES PER 100,000				PERCENT DECREASE 1935–1937 TO 1942–1944	
	WHITE MALES		WHITE FEMALES			
	1935–1937	1942–1944	1935–1937	1942–1944	WHITE MALES	WHITE FEMALES
1–74*	64.4	29.2	40.6	16.2	55	60
1–4	72.8	31.4	65.7	30.3	57	54
5–9	15.4	4.9	13.2	4.5	68	66
10–14	8.7	2.7	8.8	3.6	69	59
15–19	14.1	5.5	10.5	4.1	61	61
20–24	17.4	6.6	12.6	4.7	62	63
25–34	30.5	10.0	21.5	6.8	67	68
35–44	68.3	26.8	31.8	10.8	61	66
45–54	121.1	55.4	50.1	18.0	54	64
55–64	217.0	103.8	116.1	42.5	52	63
65–74	384.2	219.3	296.0	137.6	43	54

*Standardized for age on the basis of the Standard Million of England and Wales, 1901.

Comparative Data on the Causes of Death Among Industrial Policyholders

The following table shows the mortality among Industrial policyholders for September 1945, and September 1944, together with the death rates for the first nine months of 1945, 1944, and 1943.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS
METROPOLITAN LIFE INSURANCE COMPANY

CAUSE OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	September 1945	September 1944	Year to Date: End of September		
			1945	1944	1943
ALL CAUSES—TOTAL	732.1	785.7	855.1	826.2	787.1
—Excluding war deaths	*692.9*	*658.4*	*747.6*	*777.9*	*774.5*
Typhoid fever	0.4	0.4	0.3	0.2	0.3
Measles	.1	.1	.2	.9	.7
Scarlet fever	.1	.4	.3	.5	.4
Whooping cough	1.0	.5	.8	.6	1.3
Diphtheria	.6	.4	.8	.6	.7
Influenza	1.2	.8	3.3	10.3	5.6
Pneumonia (all forms)	17.1	16.5	28.0	35.9	36.3
Tuberculosis (all forms)	37.7	34.5	38.0	41.2	40.9
Tuberculosis of respiratory system	34.4	31.4	34.4	37.4	36.9
Syphilis	8.1	8.8	8.6	9.6	9.9
Cancer (all forms)	108.5	100.9	112.5	108.9	106.1
Diabetes mellitus	20.4	23.1	25.4	28.8	28.5
Cerebral hemorrhage	61.8	58.7	67.2	66.7	66.1
Diseases of the coronary arteries and angina pectoris	59.6	51.5	67.1	63.0	60.5
Other chronic heart diseases†	137.4	130.6	159.5	168.9	170.8
Diarrhea and enteritis	6.0	8.2	3.5	4.6	4.5
Appendicitis	5.4	5.4	5.1	5.7	5.7
Chronic nephritis	36.3	33.6	44.8	47.3	50.6
Puerperal state—total	3.0	3.6	3.5	4.2	4.4
Suicides	6.0	4.7	6.3	6.1	6.4
Homicides	3.4	3.1	3.1	3.0	3.3
Accidents—total	57.5	53.3	55.9	54.2	52.0
Home accidents	6.4	6.6	10.2	10.7	12.0
Occupational accidents	4.1	4.7	5.2	5.9	6.8
Motor vehicle accidents	18.1	13.3	13.5	13.6	12.2
War deaths (enemy action)	39.2	127.3	107.5	48.3	12.6
All other causes of death	121.2	119.2	113.3	116.5	119.0

*The rates for 1945 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†International List (1940) titles 92, 93(c), (d), (e), and 95.

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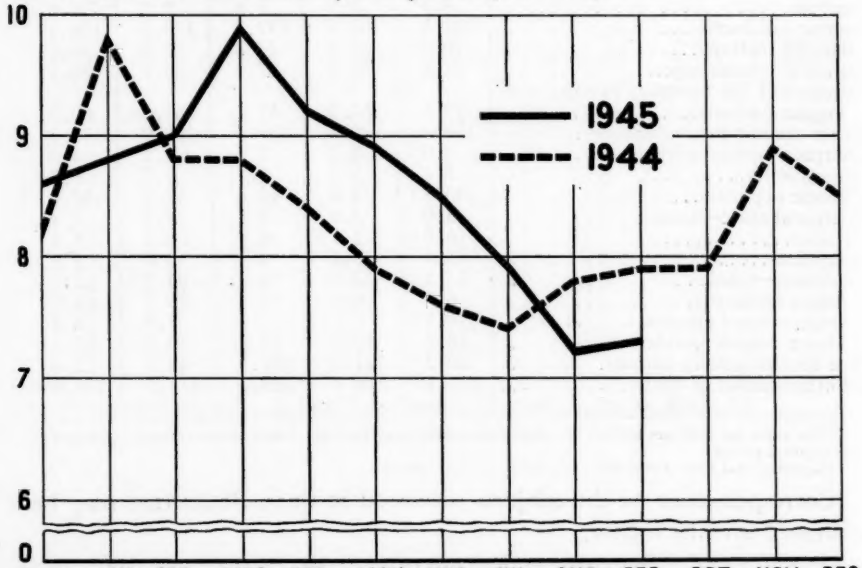
MORTALITY FROM ALL CAUSES*

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT, WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES PER 1,000 ANNUAL BASIS (*1945 figures are provisional*)



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1944	9.8	8.8	8.8	8.4	7.9	7.6	7.4	7.8	7.9	7.9	8.9	8.5
1945	8.8	9.0	9.9	9.2	8.9	8.5	7.9	7.2	7.3			

**Including war deaths*

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